

FULL SERVICE PARTNERSHIP Child / Youth Partnership Assessment Form FOR AGES 0-15 YEARS

	PARTNERSHIP INFORMATION						
County Number CSI County Client Number Partnership Date (mmddyyyy) Child/Youth's First Name Child/Youth's Last Name Provider Site ID Full Service Partnership Program ID Child/Youth's Date of Birth (mmddyyyy)							
Who referred the youth? (mark on	e)						
O Self							
O Family Member (e.g., parent, guardian,	O Social Services Agency	California Youth Authority					
sibling, aunt, uncle, grandparent) O Significant Other	O Substance Abuse Treatment Facility / Agency	O Jail / Prison					
(e.g., boyfriend/girlfriend, spouse) O Friend/Neighbor (i.e., unrelated other)	O Faith-based Organization	O Acute Psychiatric / State Hospital					
O School	O Other County/Community Agency	O Other					
O Primary Care / Medical Office	O Homeless Shelter						
O Emergency Room	O Street Outreach						

RESIDENTIAL INFORMATION

(includes hospitalization and incarceration)

Setting	TODAY	YESTERDAY (as of 11:59 p.m. the day BEFORE partnership)		ate th		ГНЅ	PRIOR TO THE LAST 12 MONTHS (mark all that apply)
GENERAL LIVING ARRANGEMENT							
With one or both biological/adoptive parents	0	0					0
With adult family member(s) other than parents - non-foster care	0	0					0
In an apartment or house alone / with spouse / partner / minor children / other dependents / roommate - must hold lease or share in rent / mortgage	0	0					0
Foster Home (with relative)	0	0					0
Foster Home (with non-relative)	0	0					0
SHELTER / HOMELESS							
Emergency Shelter / Temporary Housing (includes people living with friends but paying no rent)	0	0					0
Homeless (includes people living in their cars)	0	0					0
HOSPITAL							
Acute Medical Hospital	0	0					0
Acute Psychiatric Hospital / Psychiatric Health Facility (PHF)	0	0					0
State Psychiatric Hospital	0	0					0
RESIDENTIAL PROGRAM							
Group Home (Level 0-11)	0	0					0
Group Home (Level 12-14)	0	0					0
Community Treatment Facility	0	0					0
Licensed Residential Treatment (includes crisis, short-term, long-term, substance abuse, dual diagnosis residential programs)	0	0					0
JUSTICE PLACEMENT							
Juvenile Hall / Camp / Ranch	0	0					0
California Youth Authority	0	0					0
Other	0	0					0
Unknown	0	0					0

		EDUCATION			
Highest level of edu	ucation completed:				
O Day Care	O 6th Grade	O High School Diploma / GED			
O Pre-School O Kindergarten	O 7th Grade O 8th Grade	O Less than 2 years college / Some Technical / Vocational Training			
O 1st Grade	O 9th Grade	O AA degree			
O 2nd Grade	O 10th Grade	O Technical/Vocational Degree			
O 3rd Grade	O 11th Grade	O Level Unknown			
O 4th Grade	O 12th Grade	(e.g., child/youth in non-public school)			
O 5th Grade	O GED Coursework				
Is the child/youth C	URRENTLY receiving s	special education due to serious emotional disturbance? O Yes O No			
Is the child/youth C	URRENTLY receiving s	special education due to another reason? O Yes O No			
FOR YOUTH WHO	ARE <u>REQUIRED</u> BY LA	W TO ATTEND SCHOOL:			
Estimate the child/yelevel DURING THE FOURING THE FO	PAST 12 MONTHS: school (never truant) most of the time ands school	Estimate the child/youth's attendance* level CURRENTLY: O Always attends school (never truant) O Attends school most of the time O Sometimes attends school O Infrequently attends school O Never attends school			
CURRENTLY, his/her grades are: O Very Good O Good O Average O Below Average O Poor					
DURING THE PAS	T 12 MONTHS, his/her	grades were: O Very Good O Good O Average O Below Average O Poor			
DURING THE PAST 12 MONTHS, how many times has s/he been suspended? DURING THE PAST 12 MONTHS, how many times has s/he been expelled?					
DOMING THE LAST 12 MORTHO, now many times has sine been expelled:					

EMPLOYMENT

EMPLOYMENT DURING THE PAST 12 MONTHS								
Indicate the child/youth's employment status	# OF WEEKS	AVERAGE HOURS/WEEK	AVERAGE HOURLY WAGE					
Competitive Employment: Paid employment in the community in a position that is also open to individuals without a disability.			\$					
Supported Employment: Competitive Employment (see above) with ongoing on-site or off-site job-related support services provided.			\$					
Transitional Employment/Enclave: Paid jobs in the community that are 1) open only to individuals with a disability AND 2) are either time-limited for the purpose of moving to a more permanent job OR are part of a group of disabled individuals who are working as a team in the midst of teams of non-disabled individuals who are performing the same work.			\$					
Paid In-House Work (Sheltered Workshop/Work Experience/Agency-Owned Business): Paid jobs open only to program participants with a disability. A Sheltered Workshop usually offers sub-minimum wage work in a simulated environment. A Work Experience (Adjustment) Program within an agency provides exposure to the standard expectations and advantages of employment. An Agency-Owned Business serves customers outside the agency and provides realistic work experiences and can be located at the program site or in the community.			\$					
Non-paid (Volunteer) Work Experience: Non-paid (volunteer) jobs in an agency or volunteer work in the community that provides exposure to the standard expectations of employment.								
Other Gainful/Employment Activity: Any informal employment activity that increases the consumer's income (e.g., recycling, gardening, babysitting) OR participation in formal structured classes and/or workshops providing instruction on issues pertinent to getting a job. (Does NOT include such activities as panhandling or illegal activities such as prostitution).			\$					
Unemployed								

CURRENT EMPLOYMENT					
Indicate the child/youth's employment status	AVERAGE HOURS/WEEK	HOURLY WAGE			
Competitive Employment: Paid employment in the community in a position that is also open to individuals without a disability.		\$			
Supported Employment: Competitive Employment (see above) with ongoing on-site or off-site job-related support services provided.		\$			
Transitional Employment/Enclave: Paid jobs in the community that are 1) open only to individuals with a disability AND 2) are either time-limited for the purpose of moving to a more permanent job OR are part of a group of disabled individuals who are working as a team in the midst of teams of non-disabled individuals who are performing the same work.		\$			
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Check here if the child/youth is not employed at this time: □					

Does one of the child/youth's current recovery goals include any kind of employment at this time? O Yes O No

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SOURCES OF FINANCIAL SUPPORT

Indicate all the sources of financial support used to meet the needs of the child/youth:	DURING THE PAST 12 MONTHS	CURRENTLY
Caregiver's Wages	(mark all that apply)	(mark all that apply)
Youth's Wages	0	0
Youth's Spouse / Significant Other's Wages	0	0
Savings	0	0
Child Support	0	0
Other Family Member / Friend	0	0
Retirement / Social Security Income	0	0
Veteran's Assistance Benefits	0	0
Loan / Credit	0	0
Housing Subsidy	0	0
General Relief / General Assistance	0	0
Food Stamps	0	0
Temporary Assistance for Needy Families (TANF)	0	0
Supplemental Security Income / State Supplementary Payment (SSI/SSP) F	Program O	0
Social Security Disability Insurance (SSDI)	0	0
State Disability Insurance (SDI)	0	0
American Indian Tribal Benefits (e.g., per capita, revenue sharing, trust disbursements)	0	0
Other	0	0

LEGAL ISSUES / DESIGNATIONS

JUSTICE SYSTEM INVOLVEMENT

ARREST INFORMATION Indicate the number of times the child/youth was arrested DURING THE PAST 12 MONTHS: Was the child/youth arrested anytime PRIOR TO THE LAST 12 MONTHS? O Yes O No
PROBATION INFORMATION Is the child/youth CURRENTLY on probation? O Yes O No Was the child/youth on probation DURING THE PAST 12 MONTHS? O Yes O No Was the child/youth on probation anytime PRIOR TO THE LAST 12 MONTHS? O Yes O No
PAROLE INFORMATION Is the child/youth CURRENTLY on parole? O Yes O No Was the child/youth on parole DURING THE PAST 12 MONTHS? O Yes O No Was the child/youth on parole anytime PRIOR TO THE LAST 12 MONTHS? O Yes O No
CONSERVATORSHIP / PAYEE INFORMATION
CONSERVATORSHIP INFORMATION: Is the child/youth CURRENTLY on conservatorship? O Yes O No Was the child/youth on conservatorship DURING THE PAST 12 MONTHS? O Yes O No Was the child/youth on conservatorship anytime PRIOR TO THE LAST 12 MONTHS? O Yes O No
PAYEE INFORMATION:
Does the child/youth CURRENTLY have a payee? O Yes O No
Did the child/youth have a payee DURING THE PAST 12 MONTHS? O Yes O No
Did the child/youth have a payee anytime PRIOR TO THE LAST 12 MONTHS? O Yes O No
DEPENDANT (W & I CODE 300 STATUS) INFORMATION
Is the child/youth CURRENTLY a dependant of the court? O Yes O No
Was the child/youth a dependant of the court DURING THE PAST 12 MONTHS? O Yes O No
Was the child/youth a dependant of the court anytime PRIOR TO THE LAST 12 MONTHS? O Yes O No
If the child/youth was ever a dependant of the court, indicate the year s/he was first placed on W & I Code 300 status:
CUSTODY INFORMATION
Indicate the total number of children the partner has who are CURRENTLY:
Placed on W & I Code 300 Status: (Dependent of the court)
Placed in Foster Care:
Legally Reunified with partner:
Adopted out:

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EMERGENCY INTERVENTION	
Please indicate the number of emergency interventions (e.g., emergency room visit, crisis st child/youth had DURING THE PAST 12 MONTHS that were:	abilization unit) the
Physical Health Related Mental Health / Substance Abu	ise Related
HEALTH STATUS	
Does the child/youth have a primary care physician CURRENTLY? O Yes O No	
Did the child/youth have a primary care physician DURING THE PAST 12 MONTHS? O Yes	O No
SUBSTANCE ABUSE	
n the opinion of the partnership service coordinator, does the child/youth have a co-occurring mental illness and substance use problem? O Yes O No Is this an active problem? O Yes O No Is the child/youth CURRENTLY receiving substance abuse services? O Yes O N	0
COUNTY USE QUESTIONS	
To be tracked on the KEY EVENT TRACKING form: County Use Field #1	
County Use Field #2	
County Use Field #3	
To be tracked on the QUARTERLY ASSESSMENT form: County Use Field #1	
County Use Field #2	

County Use Field #3